Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-27-2010	Address:	1201 <u>6 North CR400 W</u>
Case #:	<u>16F20054</u>		Miami County
County:	Miami		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Investigative Information ☐ Yes N/A (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☑ Other:MCSO investigation This report is to be faxed to the following agencies that serve the location: Fire Department: Miami County Fax: (765)472-5191 Health Department: Miami County Fax: (765)473-0285 Fax: (765)473-0285 Fax: (765)473-0285			
Child Protection Service: For further information regarding this methamphetamine laboratory, contact Investigating Officer: Joshua Maller Phone (765) 473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,